

TRADITIONAL ARTS APPRENTICESHIP FORM 2

All TRAap applicants should read the guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all fields and complete the budget and checklist on page 23.

MASTER ARTIST

Name _____ A.K.A. _____
 Art Form(s) _____ Occupation _____
 Street Address _____ P.O. Box _____
 City _____ State _____ Zip _____ County _____
 Phone Day _____ Evening _____
 Cell _____ Fax _____ E-mail _____

◆ U.S. Congressional District 1 ☐ OR District 2 ☐ ◆ State Legislative District _____
 (See page 62)

I am willing to take _____ as my apprentice as outlined in this application.
 Signature _____ SS# _____ Date _____

APPRENTICE

Name _____ A.K.A. _____
 Art Form(s) _____ Occupation _____
 Street Address _____ P.O. Box _____
 City _____ State _____ Zip _____ County _____
 Phone Day _____ Evening _____
 Cell _____ Fax _____ E-mail _____

If you are currently enrolled in a degree-seeking program, what is your major? _____
 (Some degree-seeking students are not eligible, see page 9)

◆ U.S. Congressional District 1 ☐ or District 2 ☐ ◆ State Legislative District _____
 (See page 62)

I am willing to take _____ as my master as outlined in this application.

Signature _____ SS# _____ Date _____
 (Required)

Signature _____ SS# _____ Date _____
 (Parent or guardian's signature and SS# are required for apprentices under the age of 18.)

The optional information below is requested so the Commission can better serve constituents.

	Master (fill out boxes below)	Apprentice (fill out boxes below)
Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee
Idaho resident	<input type="checkbox"/> Yes, number of years <input type="checkbox"/> No	<input type="checkbox"/> Yes, number of years <input type="checkbox"/> No
Ethnicity or tribal affiliation		
Country, year, and place of birth		